CLALLAM COUNTY
Environmental Health Services
Water Availability Verification
$69.00 (Individual Wells)
$81.00 (Group A & B Water Systems)

Prior to the issuance of a Building Permit for any building requiring potable water, evidence of an adequate water supply must be provided by the applicant to Clallam County Environmental Health Services. Please complete the appropriate sections of this form to verify water availability for either public or individual water systems. Return it to CLALLAM COUNTY ENVIRONMENTAL HEALTH SERVICES for review, 223 E. 4th St., Suite 14, Port Angeles, WA 98362. If you have any questions, please call the office at (360) 417-2506.

Owner’s Name________________________________ Phone #__________________

Agents’s Name _______________________________ Phone# __________________

Mailing Address__________________________________________________________

City/State/Zip____________________________________________________________

E-mail address:___________________________________________________________

Parcel Number ___________________________________________________________

Site Address (if available) or street name:______________________________________

Check type of proposal:
___ New Construction of
___ Replacement of existing residence
___ Remodel of existing residence
___ Second residence on a parcel
___ Land Division
___ Other___________________________________________   __________________________
Applicant’s (or agent’s) Signature     Date

(Continued on other side – OVER>
PUBLIC WATER SYSTEMS (two or more connections)
This section is to be completed by the Water Purveyor. An attached letter, signed by the Purveyor is also acceptable.

The ________________________________________________public water system is capable of and willing to supply water to parcel number __________________________.
The above public water system is approved for ______service connections. It is currently serving _____ active connection(s) with _____ connection(s) committed. The water system facilities necessary to adequately provide service to this site have been designed, approved and installed per WAC 246-290.

Purveyor’s Name ________________________________ Phone # __________________
Mailing Address __________________________________________________________
Signature _______________________________________ Date ____________________
Month/Year water system was approved:____________________________________

INDIVIDUAL WATER SYSTEMS Water Source (check one)
   _____ Individual Well
   _____ Surface Water* (Dept. of Ecology Water Right Required)
   _____ Spring* (Dept. of Ecology Water Right may be required)

Attach the following documents in order to verify the availability (quantity and quality) of water:
   ___ 1. A scaled plot plan, clearly showing water source location;
   ___ 2. A well log; or
   A bailer test, air line test or pump test, which was performed for a minimum of one hour, verifying a minimum yield of 800 gallons per day (this may be indicated on your well log);
   ___ 3. Satisfactory Bacteriological results; (within 1 year)
   ___ 4. Satisfactory Nitrate results; (within 3 years)
   ___ 5. *If required, a copy of State Dept. of Ecology Water Right;
   ___ 6. Any additional information deemed necessary by the Clallam County Environmental Health Division

*******FOR ENVIRONMENTAL HEALTH USE ONLY*********

The Clallam County Environmental Health Division has reviewed the available information related to water adequacy.
Based on this information, this office finds that the water available to this parcel meets the guidelines established by the Department of Ecology (1993) for the purpose of implementing the provisions of RCW 19.27.097 and applicable Uniform Plumbing Codes.

____________________________________ __________________________
Signature        Date

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Revision 7/1/07 Fee changes
Revision 7/8/10 Format update